

## **RFP DMS 2010-04**

### **Medicaid Quality Improvement**

### **QUESTIONS AND ANSWERS**

#### **Question # 1:**

Section 1.4, page 5 - Please comment on the potential systems or data/information interfaces and needs between the Medicaid Quality Improvement, Medicaid Data Mining and Program Evaluation, Medicaid Beneficiary Relations and NET Administration, and Medicaid Provider Representative contracts/contractors. For example, the Medicaid Quality Improvement contractor may need information or data from the other contracts to assist in their work with quality improvement projects.

- How will the Medicaid Quality contractor receive this information?  
Answer: The State will be the central point of contact but contractors will be expected to communicate with one another.
- How is communication with the other contractors for needed information/data to be handled—may contractors contact each other or will all requests for information/data need to go through DHS?  
Answer: Contractors may contact one another but DMS should be included in correspondence.
- How will compatibility of data from contractor to contractor be assured?  
Answer: Data will have the same source, MMIS.
- What guarantees of access are given to the Medicaid Quality contractor to ensure timeliness/accuracy of deliverables to enable the contractor to maintain its performance?  
Answer: The contractor will have access to necessary data. Methods of provision may be determined after contract award.

#### **Question # 2:**

Section 1.4, page 5 refers to distribution of quality improvement tools and other data/materials. How does DHS DMS propose to handle postage for distribution of these items? Is it the intent that the contractor include postage costs in their price proposal or, for simplicity, could postage be a pass-through to DHS?

Answer: Respondent should include postage and distribution costs in price proposal.

#### **Question # 3:**

Section 3.17, pages 11-12; Section 5.1.4, page 23; and Section 5.3, page 24 - Section 3.17 states “If a contract is awarded, it shall be awarded to the respondent whose proposal is determined to be most advantageous to DHS based on the selection criteria, not necessarily the lowest price.” Section 5.3 states “The contract will be awarded to the respondent that provides the most effective solution for the price quoted, not necessarily the one with the lowest cost. Section 5.1.4 states, “...the Issuing Officer or designee shall add the points for the Technical Proposal to the point for the Cost Proposal and shall rank the proposals from the highest to lowest according to total points.” Does 3.17 allow for selection of a technically superior proposal with realistic cost, even if the total point calculation found in Section 5.1.4 is lower or will the contract be awarded strictly based on the highest overall score?

Answer: The contract will be awarded based on the highest overall score.

**Question # 4:**

RFP Section 4.1, page 14 - In reference to the statement “the respondent shall include four electronic copies of the Technical Proposal (disks) in Microsoft readable format,” does the Microsoft readable format portion refer to Microsoft Office applications specifically or does it encompass anything that Microsoft Operating Systems can execute such as Adobe applications (pdf)?

Answer: It refers to Microsoft Office applications.

**Question # 5**

Section 4.1, page 14 - In reference to the statement “the respondent shall include four electronic copies of the Technical Proposal (disks) in Microsoft readable format,” does the Microsoft readable format portion encompass any or all of the following Microsoft Office applications:

Microsoft Word – 2003

Microsoft Excel – 2003

Microsoft InfoPath – 2003

Microsoft PowerPoint – 2003

Answer: All of the Microsoft Office applications.

**Question # 6:**

Section 4.2, page 15 and 4.2.9, page 19 - Section 4.2 lists 11 sections to be included in the Proposal and states that deviation from the prescribed order may disqualify a proposal, yet Section 4.2.9 lists another section/area to be included in the proposal (Compliance with the State Shared Technical Architecture Program) that is not listed in the 11 sections in 4.2. Should Compliance with the State Shared Technical Architecture Program referenced in 4.2.9 be included as Tab 9 in the Proposal or should it be addressed in another Tab referenced in the tab listing in Section 4.2? Will the required Tab structure in Section 4.2 be amended to include this Tab?

Answer: Compliance with the State Shared Technical Architecture Program should be addressed in your proposal. This does not warrant an amendment.

**Question # 7:**

Section 4.2.5, page 17 - The language here says, “...should not exceed three pages.” Is there an upper limit to the number of Executive Summary pages?

Answer: Yes, three pages.

**Question #8:**

Section 4.2.8, page 19 reads, “The respondent’s proposal shall identify key personnel as well as all staff proposed to meet the requirements of the RFP.”

- What is the definition of key personnel?

Answer: Key personnel are those persons with decision making responsibilities related to the contract and those persons with expertise critical to the function of the contract.

- Are key personnel required to be 100% dedicated to this contract?

Answer: The respondent is required to indicate the full time equivalency of key personnel associated with the contract. Key personnel are required to dedicate at a minimum the FTE included in the proposal.

**Question # 9:**

Section 4.2.8, page 19 - Is there a difference in evaluation points for actually having the staff on payroll versus a promise of future employment?

Answer: It is at the evaluator's discretion.

**Question # 10:**

Section 4.3.3, page 20 and section 5.1.3, page 22 - Section 4.3.3 requires respondents to "include a cost analysis to support the reasonableness of the price"; however, Section 5.1.3 does not include any evaluation of price reasonableness. How does the State intend to evaluate price reasonableness and to what extent will this be a component part of the cost proposal evaluation to prevent unrealistic pricing from winning the contract?

Answer: A cost analysis is required to support the price, including the reasonableness of the price, but the cost analysis will not receive a point score, only to justify the price.

**Question # 11:**

Section 4.3.3, page 20, states "Services provided under this contract will be reimbursed based on the following method: Actual Cost Reimbursement. Contractor will not receive any other payment." Would you please explain what these statements mean?

Answer: The contractor will invoice and be paid actual costs of providing required services.

**Question # 12:**

Section 4.3.3, page 29 and Attachment E, page 43 - Is DHS/DMS asking for a price that would remain unchanged for 7 years? Are there provisions for a cost of living adjustment at each renewal year (or any other form of adjustment)?

Answer: Yes – the price will remain unchanged unless there is an amendment to the contract. There are no provisions for a cost of living adjustment.

**Question # 13:**

Attachment D, Program Deliverable A, Performance Indicator 5, Acceptable Performance d – What is the estimated size of the relevant provider community and what is an estimate of 15% of the relevant provider community?

Answer: Unknown. The relevant provider community will be the community to which the quality improvement activity is directed.

**Question # 14:**

Attachment D, Program Deliverable A, Performance Indicator 5, Acceptable Performance d – If academic detailing is required for at least 15% of the relevant provider community, what is the upper limit expected to be?

Answer: Unknown. The relevant provider community will be the community to which the quality improvement activity is directed.

**Question # 15:**

Attachment D, Program Deliverable A, Performance Indicator 7, page 40 - Please complete the sentence.

Answer: QI tools are distributed to providers and interested parties.

Attachment D, Program Deliverable C, Performance Indicator 3, page 42 - How many ad hoc projects does DHS DMS estimate the contractor to perform and what is the relative size/scope of those projects?

Answer: DMS estimates two (2) ad hoc projects each year. Size and scope are undetermined at this time and should not be considered a significant component of the RFP..

**Question # 16:**

General - Will the Medicaid Quality Improvement contractor be given access to DSS?

Answer: It is possible, but will be determined after award of the contract.

**Question # 17:**

General – Is the MQI contractor required to compute analytics as part of the contract or will data analytics support be provided by another contract? What is the DHS intent related to degree or scope of analytics support to be provided by the MQI contractor? If MQI is not required to perform analytic support, what is DHS' plan to support/provide the required data?

Answer: The MQI contractor should be able to provide data analytics. If the QI project requires large scale analytics, that analysis may be provided by another contract.

**Question # 18:**

General - There will be a new MMIS (implying a new DSS, also) that will rollout after the award of this contract. How will additional compensation (for training, etc.) associated with these new software systems be provided by the State or the MMIS vendor?

Answer: No additional compensation will be provided.

**Question # 19:**

General – The numerous undefined requirements in Section 1.4 and Appendix D (e.g., ad hoc data quality improvement activities and reports, at least, as requested; if necessary; and any

additional reports) present challenges in establishing criteria for cost reasonableness. Please provide an estimate of the magnitude of unspecified ad hoc and other requests so offerors may more accurately scope and price their proposals?

Answer: Please see Question # 15. Unspecified reports should not be considered a significant component of the RFP.

**Question # 20:**

**Section 1.2 Background**

States “In state fiscal year (SFY) 2008, there were approximately 44,000 enrolled Medicaid providers and 760,000 Arkansas Medicaid beneficiaries.”

Please provide insight into the expected or anticipated increase in beneficiaries for SFY 2009 and the timeframe set forth in Section 1.5 of the RFP. In the event projections are not readily available, please provide historical Medicaid enrollment numbers for the last seven (7) years by SFY.

Answer: Beneficiary enrollment:

2001	535,000
2002	582,000
2003	626,000
2004	664,000
2005	688,000
2006	730,000
2007	743,000
2008	744,000

Total enrolled Providers:

SFY03:	23,493
SFY04:	24,321
SFY05:	25,427
SFY06:	26,512
SFY07:	25,862
SFY08:	26,529
SFY09:	32,172

Total [Participating](#) Providers:

SFY03:	10,700
SFY04:	11,500
SFY05:	10,154
SFY06:	12,000
SFY07:	12,300
SFY08:	12,750
SFY09:	14,359

**Question # 21:**

**Section 1.4 Scope of Service**, bullet #5: Please provide clarification on what is meant by “substantively update” former projects. Define “substantively update”

Answer: Respondent should describe planned approach to meeting deliverable in proposal.

**Question # 22:**

**Section 1.6 Anticipated Contract Funding**

“The percentage of total costs of the project or program that will be financed by non-governmental sources is estimated to be 0.00% and the dollar amount that will be financed by non-governmental sources is estimated to be 0.00.” Is this prohibiting an organization to use private funds to fund a portion of this work?

Answer: No.

**Question # 23:**

**Section 4.2.7.2 Experience and 4.2.7.3 Qualifications**

In the instance where the proposing organization has multiple subsidiary companies, can the comprehensive experience of the organization as a whole be utilized in response to experience and qualifications?

Answer: The proposal can explain the situation, but it depends on whether the evaluator considers the subsidiary experience and qualification information as benefiting the actual respondent.

**Question # 24:**

**Section 4.2.8 Project Organization and Staffing**

Does the list of staffing, specifically Medical Doctor, indicate the desire to propose these qualifications full-time, or would contracted provision of these services suffice?

Answer: Contracted provision of services will suffice.

**Question # 25:**

**Section 4.3.3 Price**

- a) Section states that “Services provided under this contract will be reimbursed based on the following method: Actual Cost Reimbursement.” Please clarify the definition of actual cost reimbursement. Is it contemplated that reimbursement will be based on fixed hourly labor rates, or based on actual cost experience based on actual labor, overhead and profit.

Answer: Based on actual cost experience based on actual labor, overhead and profit

- b) Section cites “The price will include a cost analysis to support the reasonableness of the price.” Please provide further definition of the details that are needed in order to satisfy this requirement.

Answer: This requires a minimum of a basic budget with a short narrative of the cost.

- c) We anticipate a transition time period prior to July 1, 2010. Please confirm that there will be a transition period and that we are to include a transition plan and associated costs within the proposal.

Answer: Yes, if the respondent is not the incumbent contractor, or if the respondent is an incumbent contractor and anticipates any transition planning or associated costs, the respondent should include a transition plan within the proposal. The costs of the transition will not be reimbursed.

- d) Please clarify what is intended by the term “price included in the proposal will be the price for the period of the initial award as specified in 1.5.”.

Answer: See answer to question #12.

- (d1). Do you anticipate this to be the cost associated only for the first year of the contract?

Answer: See answer to question #12.

- (d2). If so should the proposer also estimate the annual cost for each successive extension year the contract as well recognizing that the costs would necessarily be different under a cost-reimbursed contract.

Answer: See answer to question #12.

- e) Will the contractor submit vouchers monthly for services rendered?

Answer: Yes

**Question # 26:**

**Section 4.4.6 Mandatory Requirements**

- a) Does a 9<sup>th</sup> Scope of Work QIO award letter from CMS meet the “a certification from CMS” requirement?

Answer: Unable to answer, must have more information as to definition of “9<sup>th</sup> Scope of Work QIO award letter from CMS”

- b) If during the 7 year contract period, the contractor loses their QIO status, what action does the State take in terms of termination of the contract?

Answer: The contract may be terminated.

**Question # 27:**

**Attachment D**

*Page 40/ A*

- a) This RFP overlaps with the Arkansas Medicaid Data Mining and Program Evaluation RFP since both list potential areas for QI within Medicaid program.

- 1a. Does the awardee of this contract need to plan to coordinate with the awardee of the Data Mining and Program evaluation contract with what QI projects they recommend based on data mining results?

Answer: Yes

- b) Will the QI toolkits developed need to be in print or electronic format or both?

Answer: Both

- c) What are the anticipated quantities needed for provider and beneficiary toolkit components?

Answer: Quantities will be dependent on QI projects completed.

- d) How will the approval process work?

Answer: Process will be determined by DMS and contractor after the contract is awarded.

**Question # 28:**

**Attachment D**

*Page 41/ B*

- a) "The contractor notifies hospitals of new measures for the contract year." Please provide a current list of eligible and non-eligible hospitals for the quality incentive program.

Answer: Approximately 30 hospitals are eligible and participate.

- b) What are the current criteria for the quality incentive program?

Answer:

HF 1 Discharge Instructions

HF 2 Evaluation of LVSF (Left ventricular systolic function)

HF 3 ACEI or ARB for LVSD (Left ventricular systolic dysfunction)

PN 2 Pneumococcal vaccination

PN 4 Adult smoking cessation advice/counseling

PN 5c Initial antibiotic received within 6 hours of hospital arrival

SCIP-Inf 3- Antibiotics discontinued within 24 hours after surgery end time

SCIP-VTE 1- Appropriate VTE Prophylaxis ordered

SCIP-VTE 2- Appropriate VTE Prophylaxis received within 24 hours prior to or 24 hours after surgery

Care Coordination Documentation:

- Primary Diagnosis
- Secondary Diagnoses
- Principle Procedure (s)
- Discharge Status
- Discharge Medication List
- Follow-up Physician Name
- Follow-up Physician Appointment Date
- Follow-up Physician Appointment Time
- Discharging Unit

- Discharging Unit Phone Number
- Discharging Nurse Name
- Attending Physician Name
- Attending Physician Contact Phone Number
- Discharging Physician Name
- Discharging Physician Contact Phone Number

- c) “The contractor provides DMS with an IQI summary highlighting experiences and success statewide by May 1<sup>st</sup> each contract year.” Does this summary include a list of hospitals passing or failing validation and performance measures implementation?

Answer: Yes

- d) “The contractor will create and maintain the database of Medicaid specific measures reported by hospitals.” Is there a Medicaid specific measure database that the current contractor is maintaining?

Answer: Yes, there are current Medicaid specific measures that the contractor has collected. The current contractor should be creating a database with this information.

- (d1). If so, will this be provided to the awardee of this contract, since it’s assumed to be the property of AR Medicaid?

Answer: Yes

- (d2). If so, what is the format of this database?

Answer: Respondent should describe planned approach to in technical proposal.

- (d3). What measures are currently in the database?

Answer: Respondent should describe planned approach to in technical proposal.

- e) In SFY 2010 will the awarded contractor be expected to facilitate IQI measures determined by the current contractor for 3<sup>rd</sup> & 4<sup>th</sup> Quarters 2010?

Answer: Yes

**Question # 29:**

**Attachment D**

*Page 42/A-D*

- a) Are the quarterly and annual reports a printed document or electronic?

Answer: Both

- b) Are the quarterly and annual report distributed hardcopy, electronically (post online or via email) or both?

Answer: Both

- c) If the quarterly and annual reports are a printed piece, what quantity typically?

Answer: Typically there are only a nominal amount of printed reports, 1-5 each quarter. The upper limit of printed quarterly and annual reports would be twenty (20).

- d) Are quarterly and ad hoc reports produced strictly electronically, or will there be a need for a printed version?

Answer: There may be a need for printed versions.

- e) If there is a need for a printed version, how many?

Answer: See Answer to Question #29 c) above.,

- f) Will these reports, at any time, be distributed outside of DMS Contract Oversight Unit and the Contract Administrator? If so, will distribution be done electronically (Web, email) or print?

Answer: Possibly. Distribution method will depend on parties requesting the information.

**Question # 30:**

Is hospital patient-level data currently reported to the vendor for the IQI initiative or is only data reported to Hospital Compare utilized?

Answer: It is reported to the vendor.

**Question # 31:**

If data is reported directly to the vendor for IQI, in what format is it transmitted? (for example, electronically via XML files or other format)?

Answer: Respondent should describe planned approach in technical proposal.

**Question # 32:**

Is data for the Care Coordination Documentation measure transmitted to the vendor or is this strictly based on vendor based chart abstraction?

Answer: All measures are transmitted to vendor and vendor validates via chart abstraction.

**Question # 33:**

Who is the incumbent contractor?

Answer: Arkansas Foundation for Medical Care

**Question # 34:**

What is the amount of the current contract?

Answer: Unknown. The previous contract was included various deliverables not included in this solicitation. In addition, the IQI was housed in a different contract that is also managed by Arkansas Foundation for Medical Care.

**Question # 35:**

Is there a price range for the proposed services?

Answer: No

**Question # 36:**

Could you provide more detail on what is meant by academic detailing? We use the term to mean educating providers on the science and evidence surrounding aspects of clinical care. Is that what is meant by the term in the RFP?

Answer: Yes

**Question # 37:**

Can you provide more detail on how the program impact on beneficiary health status, needs and access to the Medicaid Program will be assessed?

Answer: The respondent should include an assessment plan in the technical proposal.

**Question # 38:**

Is the expectation that QI activities will target different provider communities, such as acute hospitals, physician offices, outpatient services?

Answer: Yes. Past activities have primarily been directed towards physician offices. Respondent should discuss planned approach in technical proposal.

**Question # 39:**

What Medicaid-specific measures data is currently being collected?

Answer: See question 28b.

**Question # 40:**

The RFP specifies the sections for the proposal, but specifies no other requirements. For example,

- Is there a page limit?
- Is there a font style or font size minimum or maximum?
- Must the submission be in a binder or must it not be?
- Is there a requirement for single- or double-sided copies?
- Must recycled paper be used for copies?

Answer: None of these requirements are requested.

**CLARIFICATION** – In the purpose of the RFP it is stated, “The contractor must conduct activities related to this contract from an office located in Pulaski County, Arkansas.” The intent of this statement is that the respondent must have a physical presence in Pulaski County, Arkansas in which key personnel, decision-makers, or both, are located.